| REQUEST FOR QUOTATION | | | | | | | | | | PAGE | OF | PAGES | |
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| (THIS IS NOT AN ORDER) | | | THIS RFQ IS X IS NOT A SMALL BUS | | | SINESS | DE | 1 | | 2 | | | |
| | | | | | REQUISITION/PURCHASE | D. 4. CERT. FOR NAT UNDER BDSA F AND/OR DMS F | | | REG. 2 | | RATING | | |
| 5a. ISSUED BY | FWS, DIVISION OF | | | GE | | | | VERY BY | | | | | |
| HADLEY MA 01035-9589 | | | | | | 7. DELIVERY OTHER | | | | | | | |
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| | 5b. FOR | INFORMATION CA | LL: (No collect ca | | | | | | | IGLANI | D E | FSHRY RESRCS | 0 |
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| Christine | e Beauregard | | 413 | 253- | | | 151 | BRO | AD STREE | ET | | | |
| | | 8. TO: | **** | | | | | | | | | | |
| a. NAME | | b. COMPA | ANY | | | | | | | | | | |
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| d. CITY | | | e. STATE | f. ZIP COI | CODE d. STATE | | | e. ZIP CODE 03063-3213 | | | | | |
| 10. PLEASE FURN | ISH QUOTATIONS TO | IMPORT | FANT: This is a rec | quest for inf | formation, and quotations fur | nished are not | NH offers, If v | ou are u | | | | | |
| THE ISSUING OR BEFORE C | DFFICE IN BLOCK 5a ON LOSE OF BUSINESS (Date) 17 1500 ET | indicate incurred origin un | on this form and r in the preparation | eturn it to the of the sub- dicated by q | he address in Block 5a. This mission of this quotation or to quoter. Any representations a | request does n o contract for su | ot commi ipplies or | t the Gov | vernment to pay ar . Supplies are of d | ny costs Iomestic | | | |
| | | | | - | lude applicable Federal, Sta | te and local tax | es) | | | | | | |
| ITEM NO. (a) | | SUPPLIES/S | | | | QUANTITY (c) | UNIT (d) | | UNIT PRICE (e) | | | AMOUNT (f) | |
| | This is not a Soli | citation | | | | | | | | | | | |
| | The United States Fish and Wildlife Service, Region 5, intends to award a sole source contract to Amirix Systems, Inc., 20 Angus Morton Dr., Bedford, NS, B4B 0L9, Canada for uniquely coded acoustic receivers with Bluetooth. These receivers are supported for use with VEMCO transmitters with global code spaces which offer virtually unlimited number of unique pinger IDs and sensor IDs. These global coding schemes protect from the possibility of duplicate IDs. Any firm that is capable of fulfilling this requirement may submit a written response no later than 14 days after the date this notice to Christine Beauregard at Continued | | | | | | | | | | | | |
| a. 10 CALENDAR DAYS (%) | | | | b. 20 CALENDAR DAYS | b. 20 CALENDAR DAYS (%) c. 30 (| | | 0 CALENDAR DAYS (%) | | | d. CALENDAR DAYS JUMBER PERCENTAGE | | |
| NOTE: Additional pr | rovisions and representations | are | | are not a | _ | | | | | | | | |
| 13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER | | | | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION | | | | | 15. DATE OF QUOTATION | | | | |
| b. STREET ADDRESS | | | | | 16. SIGNER | | | | | | | | |
| | | | | | a. NAME (Type or print) | | } | AREA COD | b. TELEPHONE | | | | |
| c. COUNTY | | | | | | | AREA CUL | JE | | | | | |
| d. CITY e. STA | | | f. ZIP CODE | | c. TITLE (Type or print) | c. TITLE (Type or print) | | | | NUMBER | UMBER | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED F17PS00256

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OF

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
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| (A) | (B) | (C) | (D) | | (F) |
| | christine_beauregard@fws.gov. | | | | |
| | Legacy Doc #: FWS | | | | |
| 00010 | Coded Acoustic Receiver | 12 | EΑ | | |
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